

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY
HAZARDOUS WASTE PERMIT APPLICATION
Consolidated Permits Program
(This information is required under Section 3005 of RCRA.)

1. EPA I.D. NUMBER

| | | |
|---|-----|----|
| S | T/A | C |
| E | G | A |
| D | 0 | 0 |
| 3 | 2 | 9 |
| 9 | 4 | 7 |
| 6 | 3 | 1 |
| 1 | 2 | 13 |
| 1 | 2 | 13 |

FOR OFFICIAL USE ONLY

| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) |
|----------------------|---------------------------------|
| 23 | 24 25 26 27 28 29 |

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO-CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO-CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|---|-------------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | SURFACE IMPOUNDMENT | T03 | TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | INCINERATOR | T04 | GALLONS PER DAY OR LITERS PER DAY |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | | |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |
| UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE | UNIT OF MEASURE | UNIT OF MEASURE CODE | UNIT OF MEASURE CODE |
| GALLONS | G | LITERS PER DAY | V | ACRE-FEET | A |
| LITERS | L | TONS PER HOUR | D | HECTARE-METER | F |
| CUBIC YARDS | Y | METRIC TONS PER HOUR | W | ACRES | B |
| CUBIC METERS | C | GALLONS PER HOUR | E | HECTARES | Q |
| GALLONS PER DAY | U | LITERS PER HOUR | H | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| LINE NUMBER | A. PRO-CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO-CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | FOR OFFICIAL USE ONLY |
|-------------|------------------------------------|----------------------------|---------------------------------|-------------|------------------------------------|----------------------------|---------------------------------|
| 1 | 2 | 1. AMOUNT (specify) | 2. UNIT OF MEASURE (enter code) | 1 | 2 | 1. AMOUNT | 2. UNIT OF MEASURE (enter code) |
| X-1 | S 0 2 | 600 | G | 5 | | | |
| X-2 | T 0 3 | 20 | E | 6 | | | |
| 1 | S 0 1 | 825 | G | 7 | | | |
| 2 | S 0 2 | 2,827 | G | 8 | | | |
| 3 | T 0 1 | 198,000 | U | 9 | | | |
| 4 | | | | 10 | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS P
TONS T

METRIC UNIT OF MEASURE CODE
KILOGRAMS K
METRIC TONS M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| LINE NO. | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEASURE (enter code) | | D. PROCESSES | | | | | | | |
|---------------------|--|---|---|---|---------------------------------------|------------------------------------|--|-----------------------------|---|---|---|--|---|--|--|
| | | | | | | | | 1. PROCESS CODES (enter) | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | |
| X-1 | K | 0 | 5 | 4 | 900 | P | | T | 0 | 3 | D | 8 | 0 | | |
| X-2 | D | 0 | 0 | 2 | 400 | P | | T | 0 | 3 | D | 8 | 0 | | |
| X-3 | D | 0 | 0 | 1 | 100 | P | | T | 0 | 3 | D | 8 | 0 | | |
| X-4 | D | 0 | 0 | 2 | | | | | | | | | | | |
| included with above | | | | | | | | | | | | | | | |

EPA Form 3510-3 (6-80)

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|----|----|----|----|----|-------|----|----|
| S | F | G | A | D | 0 | 0 | 3 | 2 | 9 | 9 | 4 | 7 | 6 | T/A/C | 3 | 6 |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 |

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

| | | | | | | |
|----|----|----|----|----|----|----|
| 3 | 3 | 4 | 1 | 3 | 4 | N |
| 65 | 66 | 67 | 68 | 69 | 70 | 71 |

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | | |
|----|----|----|----|----|----|----|----|
| 0 | 8 | 4 | 2 | 6 | 3 | 6 | W |
| 72 | 73 | 74 | 75 | 76 | 77 | 78 | 79 |

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

John A. Peterson

11-14-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

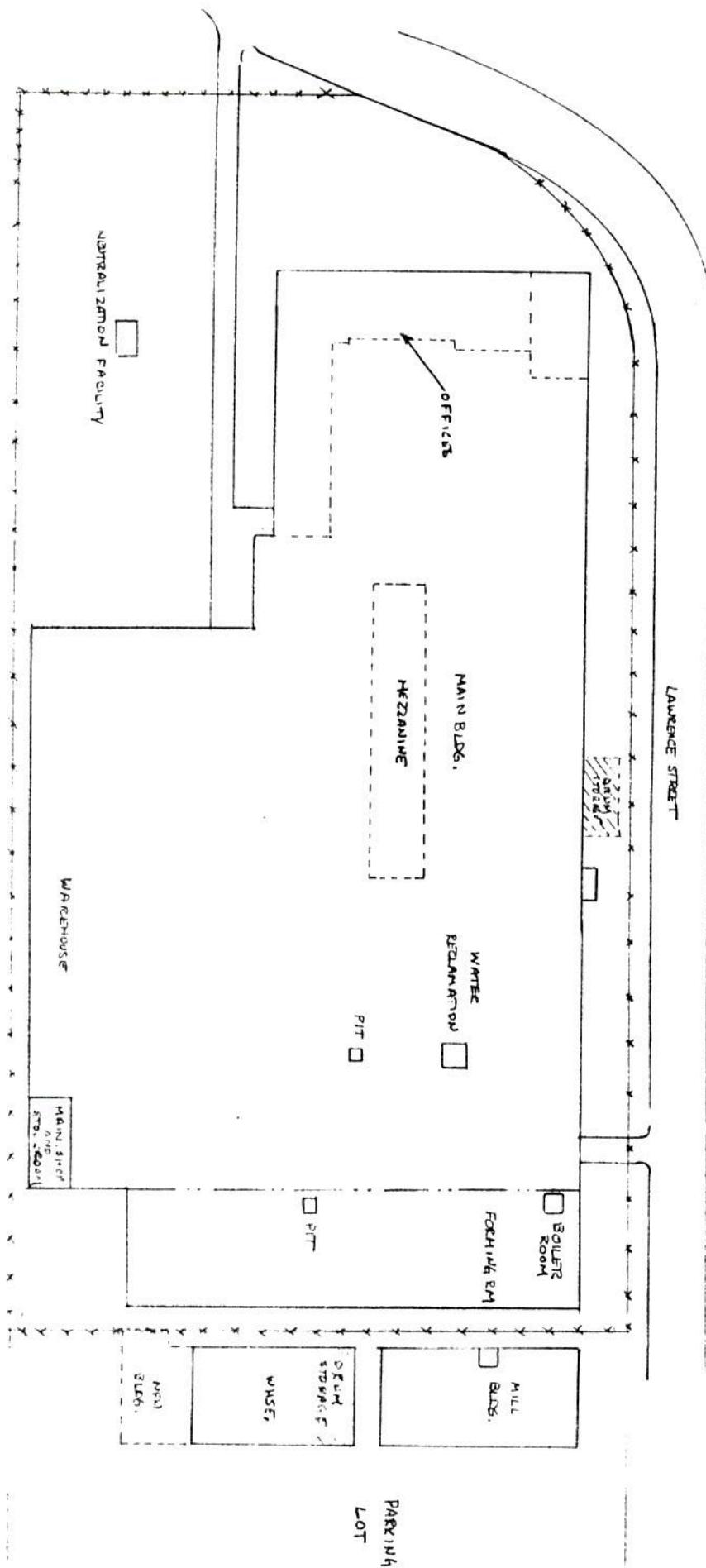
B. SIGNATURE

C. DATE SIGNED

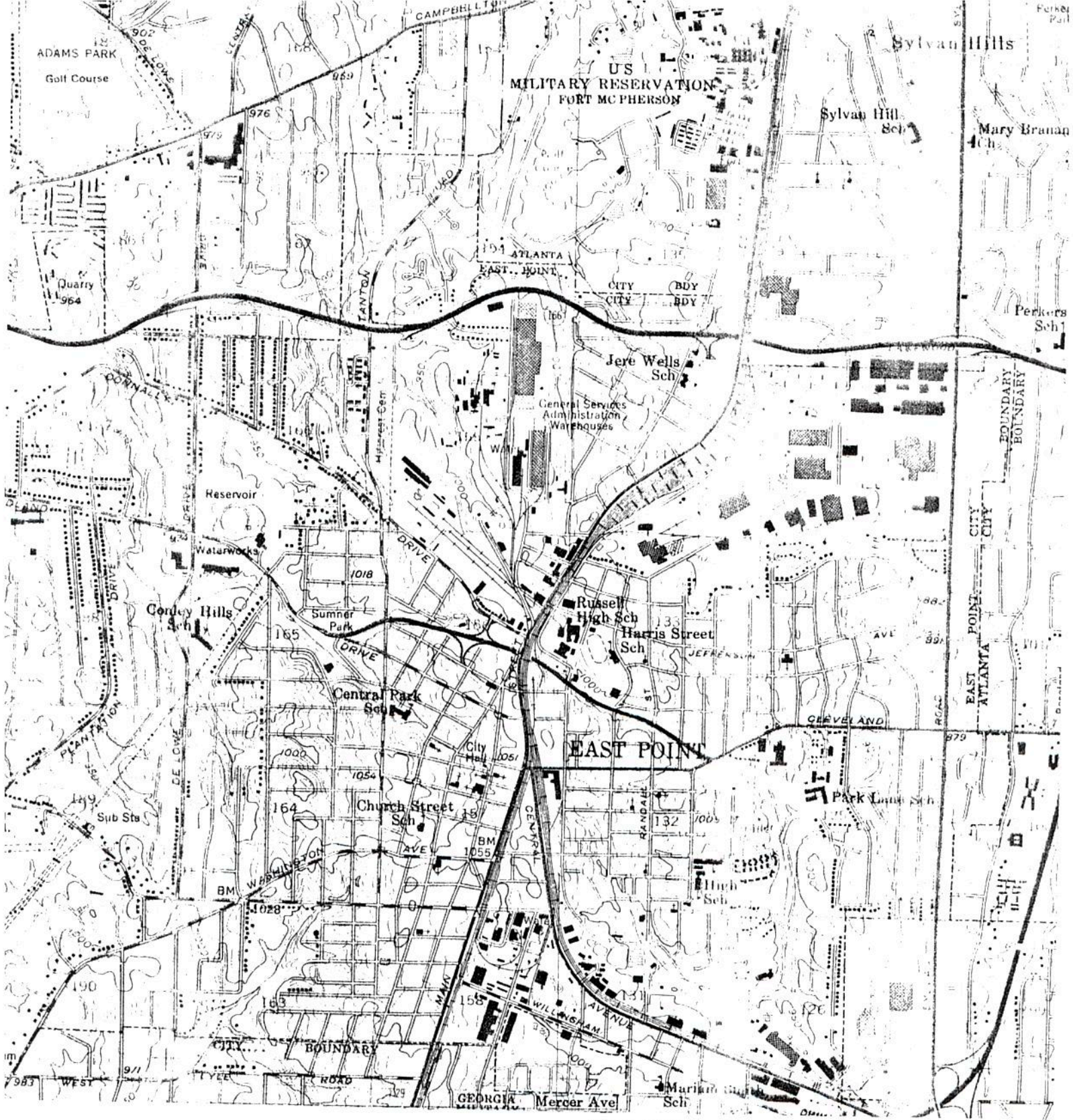
John A. Peterson

11-14-80

PROPERTY LINE ON ROAD XXX



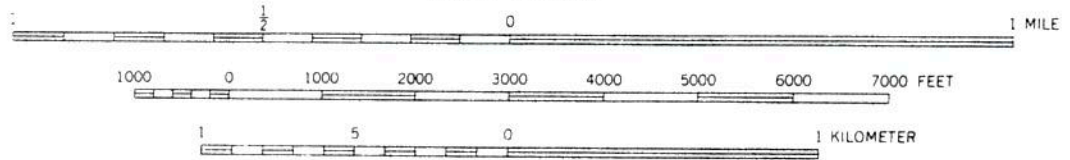
GAD003299476



SCALE 1:24000

MN.
GN

0°
1°25'
25 MILS



CONTOUR INTERVAL 10. FEET
DATUM IS MEAN SEA LEVEL

1953 AND 1973 MAGNETIC NORTH
ON AT CENTER OF SHEET

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, RESTON, VIRGINIA 22092
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST

GAD003299476

ATLANTA

EXISTING ENVIRONMENTAL PERMITS

Air Emmissions

| | | |
|---|-------------------------|-----------------|
| Permit to operate Storage battery plant | #3691-060-4244-0 | no expiration |
| Permit to construct (needs follow-up for permit to operate) | | |
| 1. Lead Oxide Systems | #3691-060-4480-C | issued 3-1-76 |
| 2. DeVilbiss wet scrubber and Tri-Mer scrubber | #3691-060-5375-C | issued 12-27-76 |
| Entoleters | #3691-060-281-C | |
| Trimers & DeVilbiss | #3691-060-7576-0 | |
| Trimers & DeVilbiss (Laureldale) | #3691-060-5375-0 | |
| Carborundum Baghouse | #3691-060-4480-C | |
| GRC | #3691-060-7477-C | |
| Carter Day | #3691-060-7477-C | |
| DuAll Scrubber | #3691-060-7477-C | |
| Bin Vent Carter Day | Application applied for | |

GADD03299476

RCRA MAINTENANCE FORM

ID # CAD003 299 476 FACILITY NAME Eltha Corp.

F1 Notif. approval _____
 Date notified _____
 Permit app. approved _____
 Date Part A r'cvd _____
* Facility name _____
 Notif. confidential _____
 Part A confidential _____
 Closure date _____

F2 Contact name & title _____
 Contact telephone # _____
 Modif. under const. _____
 Commercial fac. indic. _____
 Non-reg. fac. indic. _____

F3 Mailing address _____

F4 Mailing city _____ State _____ Zip _____

F5 * Facility address _____
 * County name _____

F6 * Facility city _____ State _____ Zip _____
 * County code _____
 Drawings _____ Photos _____ District code _____
 River basin code _____ Latitude _____ Longitude _____

F7 SIC _____ NEW SIC _____

F8 Facility operator name _____ Owner type _____
 Activity codes: Gen _____ Trans _____ TSD _____ UIC _____
 Transport mode: Air _____ Rail _____ Hwy _____ Water _____ Other _____
 Owner/oper ind. _____ Facility status _____ RCRA permit status _____
 Existence date _____

F9 Type Permit number Type New permit number

(over)

* This data can only be entered through the FINDS System. *

F0 Date acknowledgement sent: Notification
Int. status _____ Int. status 2 _____

FA Operator tele. # _____ Street _____

FB City _____ State _____ Zip _____ Indian land _____

FC Comment # _____ Comment _____

FE Facility owner _____ Tele.# _____

FF Owner street _____

FG Owner city _____ State _____ Zip _____

| Cl | Process code | Amount | Unit | New code | New Amount | New Unit |
|----|--------------|---------|------|----------|------------|----------|
| | 501 | 825 | G | | | |
| | 502 | 2,827 | G | | | |
| | 101 | 198,000 | U | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| W1 | Waste seq # | Waste Code | Waste Amount | Unit | New Waste | New Amount | New Unit |
|----|----------------|---------------|-----------------|------|--------------|------------|-------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

| W2 | Waste Seq # | Waste Code | Process | Change Process |
|----|----------------|---------------|---------|-------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PART A DELETE SCREEN

ID # GAD 003 299 476 FACILITY NAME Eltra / Prestolite Battery

(F1) Date Part A received: S (F6) Drawings: S Photos: S

(F8) Facility status: S RCRA Permit status: 6

(F2) Non-reg. fac. indic.:

(F8) Activity codes: Gen Trans TSD S UIC

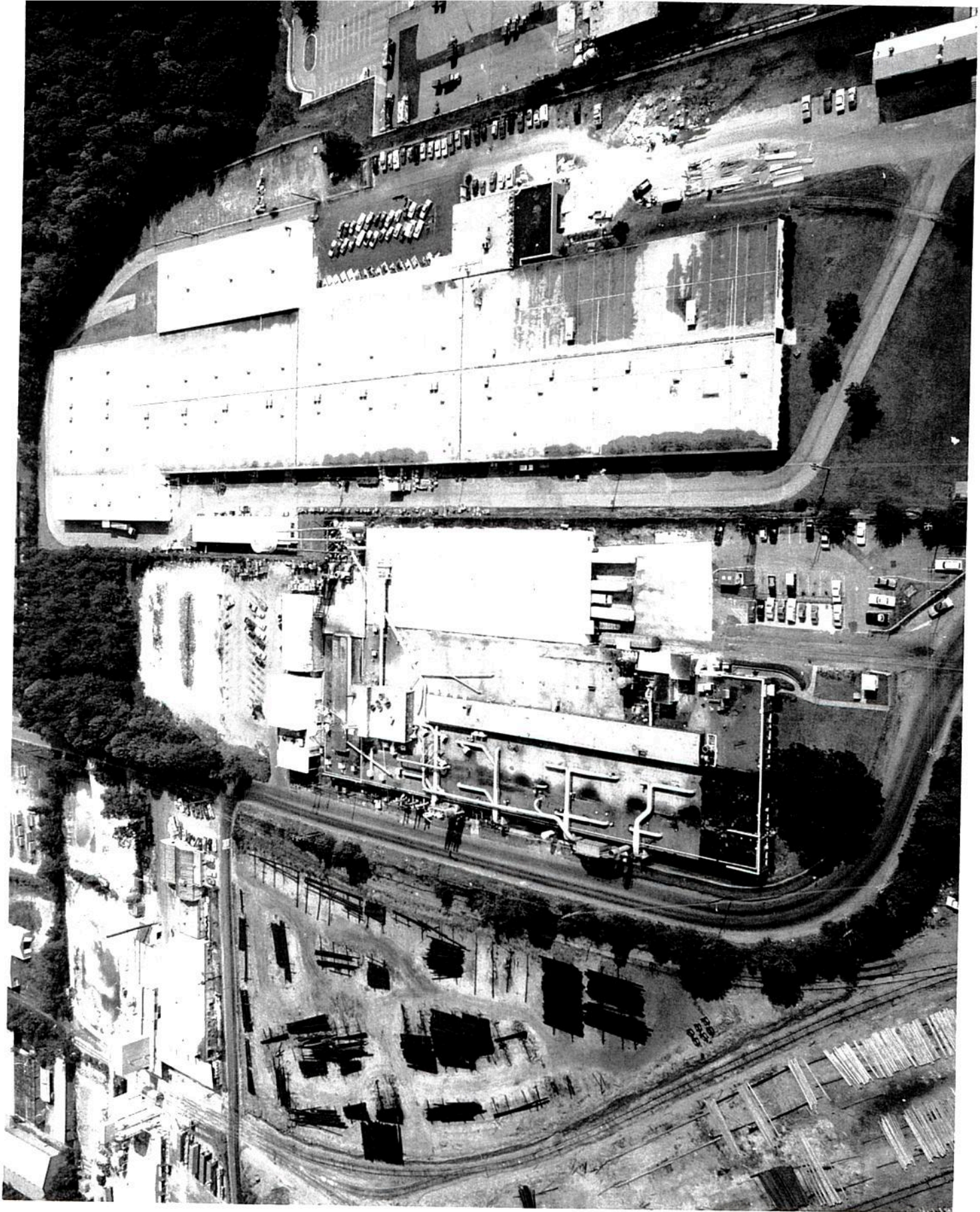
Transport mode: Air Rail Hwy Water Other

(C1) PROCESS CODE:

S01

T01

S02



Graptolite
East River Plant

Graptolite
East River Plant

80116-1

Part A, Permit Process --- Internal Checklist

ID Number GAD 003 299 476 Inst Name ELTRA CORP PRISTOLITE BTRY

PHASE ONE

| Refer to Form No: | Interim Regulatory Requirements | Indicate by your initials: | | Valid Prmlg Date? |
|----------------------|---|-------------------------------|-------|-------------------------|
| | | Yes | No | |
| 1 | T/S/D Facility? (If No, return to respondent.) | <u>P.K.</u> | _____ | _____ |
| 3 | Form 1 received? | <u>P.K.</u> | _____ | _____ |
| 1 | Form 3 received? | <u>P.K.</u> | _____ | _____ |
| 1 & 3 | Postmarked on or before November 19, 1980? | <u>P.K.</u> | _____ | _____ |
| 3 | Date of operation entered? | <u>P.K.</u> | _____ | _____ |
| 3 | Date of operation on or before November 19, 1980? | <u>P.K.</u> | _____ | _____ |
| Notif. record | Notifier? | <u>P.K.</u> | _____ | _____ |
| " | Notified on or before August 18, 1980? | <u>P.K.</u> | _____ | _____ |
| 1 | Form 1, XIII B signed? | <u>P.K.</u> | _____ | _____ |
| 3 | Form 3, IX B Signed? | <u>P.K.</u> | _____ | _____ |

(If all ten items above are initialed in the Yes column, generate Interim Status Acknowledgement and indicate the trigger date here:

12/19/80

PHASE TWO

- 1 Unsure if regulated or non-regulated? _____ P.K.
- 3 New facility? _____ P.K.
- 1 & 3 Core items missing? If Yes, indicate which items:
 Facility name____; location____; mail address____; operator info____;
 certification____; process info____; waste info____; owner____; sigs____.

PHASE THREE

- 1 & 3 Non-core items missing? If Yes, indicate which items:
 Maps____; photos____; drawings____; lat/long____.
 Other observations and comments:

Received Date Stamp

02176

(Stamp forms also)

Log out/Log in
on reverse side.

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | | EPA I.D. NUMBER | | | | | | | | | | | |
|---|--|---|--|---|----|---------------|--|--|--|--|----------|----|---------------|--|--|
| | | <div style="font-size: 2em; font-weight: bold;">02223</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED EPA REGION IV NOV 19 3 43 PM '81 EPA REGION IV </div> <div style="font-size: 1.2em; font-weight: bold; margin-top: 10px;">PLEASE PLACE LABEL IN THIS SPACE</div> | | <div style="font-weight: bold;">GENERAL INSTRUCTIONS</div> <p>If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p> | | | | | | | | | | | |
| I. EPA I.D. NUMBER | | | | | | | | | | | | | | | |
| III. FACILITY NAME | | | | | | | | | | | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | | | | | | | | | | | |
| VI. FACILITY LOCATION | | | | | | | | | | | | | | | |
| II. POLLUTANT CHARACTERISTICS | | | | | | | | | | | | | | | |
| <p>INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.</p> | | | | | | | | | | | | | | | |
| SPECIFIC QUESTIONS | | | | MARK 'X' | | | SPECIFIC QUESTIONS | | | | MARK 'X' | | | | |
| | | | | YES | NO | FORM ATTACHED | | | | | YES | NO | FORM ATTACHED | | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | | | | X | | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | | | | | X | | | |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | | | X | | X* | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | | | | | X | | | |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | | | X | | X | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | | | | | X | | | |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | | | | X | | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | | | | | X | | | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | | | | X | | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | | | | X | | | |
| III. NAME OF FACILITY | | | | | | | | | | | | | | | |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;">1</div> <div style="border-bottom: 1px solid black; flex-grow: 1;"> <div style="font-weight: bold; font-size: 0.8em;">SKIP</div> <div style="font-size: 1.2em;">PRESTOLITE BATTERY DIV OF ELTRA CORP</div> </div> </div> | | | | | | | | | | | | | | | |
| IV. FACILITY CONTACT | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="font-weight: bold; font-size: 0.8em;">A. NAME & TITLE (last, first, & title)</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">SCHMITZ ROBERT PLANT MANAGER</div> </div> <div style="width: 35%;"> <div style="font-weight: bold; font-size: 0.8em;">B. PHONE (area code & no.)</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">404 761 6601</div> </div> </div> | | | | | | | | | | | | | | | |
| V. FACILITY MAILING ADDRESS | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="font-weight: bold; font-size: 0.8em;">A. STREET OR P.O. BOX</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">P O DRAWER B</div> </div> <div style="width: 35%;"> <div style="font-weight: bold; font-size: 0.8em;">B. CITY OR TOWN</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">EAST POINT</div> </div> </div> | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="font-weight: bold; font-size: 0.8em;">C. STATE</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">GA</div> </div> <div style="width: 40%;"> <div style="font-weight: bold; font-size: 0.8em;">D. ZIP CODE</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">30344</div> </div> </div> | | | | | | | | | | | | | | | |
| VI. FACILITY LOCATION | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <div style="font-weight: bold; font-size: 0.8em;">A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">2316 LAWRENCE ST</div> </div> <div style="width: 35%;"> <div style="font-weight: bold; font-size: 0.8em;">B. COUNTY NAME</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">FULTON</div> </div> </div> | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> <div style="font-weight: bold; font-size: 0.8em;">C. CITY OR TOWN</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">EAST POINT</div> </div> <div style="width: 20%;"> <div style="font-weight: bold; font-size: 0.8em;">D. STATE</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">GA</div> </div> <div style="width: 20%;"> <div style="font-weight: bold; font-size: 0.8em;">E. ZIP CODE</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;">30344</div> </div> <div style="width: 20%;"> <div style="font-weight: bold; font-size: 0.8em;">F. COUNTY CODE (if known)</div> <div style="border-bottom: 1px solid black; font-size: 1.2em;"></div> </div> </div> | | | | | | | | | | | | | | | |

* In the process of testing the stormwater run-off for contamination. When the analysis is completed, Form 2C or its State equivalent will

be submitted if needed.

VII. SIC CODES (4-digit, in order of priority)

| | | | | | | | |
|----------|-----------|---|-----------|-----------|-----------|---|-----------|
| A. FIRST | | | | B. SECOND | | | |
| 7 | 3 | 6 | 9 | 1 | (specify) | 7 | (specify) |
| C. THIRD | | | | D. FOURTH | | | |
| 7 | (specify) | 7 | (specify) | | | | |

VIII. OPERATOR INFORMATION

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|-------------|--|--|--|---|--|-------------|--|--|--|
| A. NAME | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | | | | | |
| 8 ELTRA CORPORATION * | | | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | | | | | | |
| F = FEDERAL | | | | M = PUBLIC (other than federal or state) | | | | P (specify) | | | | D. PHONE (area code & no.) | | | | | |
| S = STATE | | | | O = OTHER (specify) | | | | | | | | 404 761 6601 | | | | | |
| P = PRIVATE | | | | | | | | | | | | | | | | | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | | | | | |
| 2316 LAWRENCE ST | | | | | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | | | G. STATE | | H. ZIP CODE | | IX. INDIAN LAND | |
| BEAST POINT | | | | | | | | | | | | GA | | 30344 | | Is the facility located on Indian lands? | |
| | | | | | | | | | | | | | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

X. EXISTING ENVIRONMENTAL PERMITS

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|
| A. NPDES (Discharges to Surface Water) | | | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | | | | see attached for other permits | | | | | | | | | | | |
| N | | | | | | | | | | | | 9 P | | | | | | | | | | | | | | | | | | | | | | | |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | |
| U | | | | | | | | | | | | 9 | | | | | | | | | | | | (specify) | | | | | | | | | | | |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | | | E. OTHER (specify) | | | | | | | | | | | | | | | | | | | | | | | |
| R | | | | | | | | | | | | 9 | | | | | | | | | | | | (specify) | | | | | | | | | | | |

(I. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

II. NATURE OF BUSINESS (provide a brief description)

Manufacture of lead-acid storage from: pig lead and sulfuric acid, including assembly, highlighting, packaging and shipping of the final product.

III. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | | | |
|---------------------------------------|--|--|--|----------------|--|
| NAME & OFFICIAL TITLE (type or print) | | B. SIGNATURE | | C. DATE SIGNED | |
| John A. Peterson, President | |  | | 11-14-80 | |

COMMENTS FOR OFFICIAL USE ONLY

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

000126

II. INSTALLATION MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE
RECEIVED
EPA/REGION IV

III. LOCATION OF INSTALLATION

SEP 3 10 53 AM '88

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

GAD003299476

800818

I. NAME OF INSTALLATION

PRESTOLITE BATTERY DIV

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O DRAWER B

CITY OR TOWN

EAST POINT

ST.

ZIP CODE

GA 30344

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

52316 LAWRENCE ST

CITY OR TOWN

EAST POINT

ST.

ZIP CODE

GA 30364

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

SCHMITZ ROBERT PLANT MANAGER

404-761-6601

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

ELTRA CORPORATION*

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F = FEDERAL
M = NON-FEDERAL

M

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|-------------------------|--------------|--------------|---------------|---------------|---------------|
| 1 F 0 0 1 23 - 26 | 2 23 - 26 | 3 23 - 26 | 4 23 - 26 | 5 23 - 26 | 6 23 - 26 |
| 7 23 - 26 | 8 23 - 26 | 9 23 - 26 | 10 23 - 26 | 11 23 - 26 | 12 23 - 26 |

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

| | | | | | |
|--------------------------|--------------------------|---------------|---------------|---------------|---------------|
| 13 K * * * 23 - 26 | 14 K * * * 23 - 26 | 15 23 - 26 | 16 23 - 26 | 17 23 - 26 | 18 23 - 26 |
| 19 23 - 26 | 20 23 - 26 | 21 23 - 26 | 22 23 - 26 | 23 23 - 26 | 24 23 - 26 |
| 25 23 - 26 | 26 23 - 26 | 27 23 - 26 | 28 23 - 26 | 29 23 - 26 | 30 23 - 26 |

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

| | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---------------|
| 31 U 0 8 0 23 - 26 | 32 U 2 2 0 23 - 26 | 33 U 2 2 8 23 - 26 | 34 U 1 5 1 23 - 26 | 35 U 0 4 4 23 - 26 | 36 23 - 26 |
| 37 23 - 26 | 38 23 - 26 | 39 23 - 26 | 40 23 - 26 | 41 23 - 26 | 42 23 - 26 |
| 43 23 - 26 | 44 23 - 26 | 45 23 - 26 | 46 23 - 26 | 47 23 - 26 | 48 23 - 26 |

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

| | | | | | |
|---------------|---------------|---------------|---------------|---------------|---------------|
| 49 23 - 26 | 50 23 - 26 | 51 23 - 26 | 52 23 - 26 | 53 23 - 26 | 54 23 - 26 |
|---------------|---------------|---------------|---------------|---------------|---------------|

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☒ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|---|-------------------------------|
| SIGNATURE  | NAME & OFFICIAL TITLE (type or print) Robert A. Schmitz Plant Manager | DATE SIGNED August 5, 1980 |
|--|---|-------------------------------|

EPA Form 8700-12 (6-80) REVERSE

- 13 K*** - Lead acid storage battery production wastewater treatment sludges
- 14 K*** - Lead acid storage battery production clean-up wastes from cathode and anode production

10/24/80

| | | |
|---|--|--------------|
| EPA I.D. NUMBER | | GAD003299476 |
| PRESTOLITE BATTERY DIV PO DRAWER B EAST POINT GA 30344 | | |
| 2316 LAWRENCE ST EAST POINT GA 30364 | | |

INSTALLATION ADDRESS

EPA I.D. NUMBER

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**



**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

GAD003299476

INSTALLATION ADDRESS

| | |
|---|--|
| PRESTOLITE BATTERY DIV PO DRAWER B EAST POINT GA 30344 | |
| 2316 LAWRENCE ST EAST POINT GA 30364 | |

10/08/80